8775

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08781

CERTIFICATE OF DEATH

Reg. Dist. No. 2 02

1. PLACE OF DEATH:
COUNTY: Kent — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 37 Chestertown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 72 Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chestertown 37
STREET ADDRESS (If rural give location): Scott's Point 1

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Edward (Last) Batchelor

4. DATE OF DEATH: (Month) 9/25/55 (Day) (Year) 19

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Feb. 8 1900
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: various
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Batchelor
14. MOTHER'S MAIDEN NAME: Emily Cohey Batchelor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 1919 ?
16. SOCIAL SECURITY NO. 213-05-7222
17. INFORMANT & ADDRESS: Henry C. Batchelor Chestertown Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
IMMEDIATE CAUSE (A) Intracranial hemmorhage — 10½ hours
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension (Known history) — 6 months

19A. DATE OF OPERATION: 6
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1955 to 9/25, 1955 that I last saw the deceased alive on 9/25, 1955, and that death occurred at 4 30 a M, from the causes and on the date stated above.
SIGNATURE Walter W. Dean M.D. ADDRESS Chestertown, Md. DATE SIGNED 9/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9/27/55
NAME OF CEMETERY OR CREMATORY: Chester Cemetery
LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 26-1955
REGISTRAR'S SIGNATURE: Clara S. Barnes
24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells - Chestertown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

8776

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08782

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown
LENGTH OF STAY (in this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Kent + Queen Anne's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WORTON X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Rachel (Middle) Wood (Last) Carter

4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Dec 27, 1884

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. A. Wood

14. MOTHER'S MAIDEN NAME: Lallie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N/S (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Sara C. Burke Worton, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X IMMEDIATE CAUSE (A) cerebral vascular accident — 9 months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerosis

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. hypertension

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1955, to Sept, 1955, that I last saw the deceased alive on Sept 19, 1955, and that death occurred at 3:45 PM, from the causes and on the date stated above.

SIGNATURE Florence Derringer Joyce M. D. ADDRESS Worton DATE SIGNED 9/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept. 22, 1955 — NAME OF CEMETERY OR CREMATORY Still Pond Cemetery — LOCATION (City, Town, or County) (State) Still Pond, Kent Co., Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 21-1955 — REGISTRAR'S SIGNATURE Clara S. Barnes.

24. FUNERAL DIRECTOR Marion V. Williams — ADDRESS Chestertown, Md

8780

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08783

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Still~~ Kennedyville
LENGTH OF STAY (in this place) Entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kennedyville - Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Thomas (Last) Caulk

4. DATE OF DEATH (Month) September (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 9, 1932

9. AGE last birthday: 23 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laboring

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Caulk

14. MOTHER'S MAIDEN NAME: Olivia Fuller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Olivia Caulk (mother) Kennedyville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

812.X
Immediate cause (a) Fractured skull with deep penetrating
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) & swelling force — none
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street office bldg., etc., INJURY highway

21c. (City or town) near Kennedyville (County) Kent (State) Md.

21d. TIME OF INJURY (Month) 9 (Day) 2 (Year) 55 (Hour) 3:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Struck by hit & run vehicle

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert W. Farr M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9/2/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF SEPT. 4, '55

NAME OF CEMETERY OR CREMATORY MT. ZION CEMETERY

LOCATION (City, town, or county) STILL POND (State) MD.

DATE REC'D BY LOCAL REG. 9/3/55

REGISTRAR'S SIGNATURE Edmund Jones

24. FUNERAL DIRECTOR B.R. FELLOWS

ADDRESS STILL POND, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08784

8781

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sassafras
LENGTH OF STAY (in this place) 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sassafras X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Elgie (Middle) E. (Last) Christy

4. DATE OF DEATH: (Month) Sept. (Day) 26 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 28, 1880

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sassafras, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leander Christy

14. MOTHER'S MAIDEN NAME: Augusta Kilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 222-09-1856

17. INFORMANT & ADDRESS: Effie Groomes, Sassafras, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 18 years

ANTECEDENT CAUSE (S) DUE TO (B) cerebral arteriosclerosis — 5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility —

19A. DATE OF OPERATION: 0 None

19B. MAJOR FINDINGS OF OPERATION: no operation

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) None

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/2/55 19..., to 9/26.., 19 55 that I last saw the deceased alive on 9/22/55 19..., and that death occurred at 10 30 A.M., from the causes and on the date stated above.

SIGNATURE H. H. Hamilton M. D. ADDRESS Millington Md DATE SIGNED 9/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Sept. 30, 1955

NAME OF CEMETERY OR CREMATORY John Wesley Church Cemetery

LOCATION (City, town, or county) (State) Sassafras, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 27

REGISTRAR'S SIGNATURE E. L. Richard Jones

24. FUNERAL DIRECTOR Peppin Funeral Home

ADDRESS 259 E. Main St Elkton Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

08785

MARYLAND — **STATE DEPARTMETT OF HEALTH**

8777

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent and Queen Anne's

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall (rural) X
STREET ADDRESS (If rural, give location): Piney Neck

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward		Coleman	September	18	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	June 19 1873	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Fishing
11. BIRTHPLACE (State or foreign country): Rock Hall, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William R. Coleman
14. MOTHER'S MAIDEN NAME: Jane Benton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2
Immediate cause (a) Myocarditis & Auricullar fibrillation — Several years.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-16-55	Incarcerated scrotal hernia, right.	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-14, 1955, to 9-18, 1955, that I last saw the deceased alive on 9-18, 1955, and that death occurred at 4 30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Chestertown, Md.	9-18-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 20 1955	Wesley Chapel Cem.	Rock Hall, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 20 1955	Clara L. Barnes	Marvin V. Williams	Chestertown, Md.

MARGIN RESERVED FOR BINDING

8778 Items 8,9, Film G187 9-28-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08786

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY KENT. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 CHESTERTOWN
LENGTH OF STAY (in this place) 4 HOURS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 KENT & QUEEN ANNE'S Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY KENT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BLANCA. 46X-3
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED: (First) OSCAR (Middle) (Last) DENBY
4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 19 55

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: May 5, 1901
9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm-hand
10B. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Richard Denby
14. MOTHER'S MAIDEN NAME: Frances Johnson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 221-10-2841
17. INFORMANT & ADDRESS: Sister Mattie Denby Wailes.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
825X
IMMEDIATE CAUSE (A) Cerebral Concussion, Skull
ANTECEDENT CAUSE (S) DUE TO Fracture,
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. INTERNAL INJURIES FRACTURES, BOTH LEGS.

19A. DATE OF OPERATION: 19 17 55.
19B. MAJOR FINDINGS OF OPERATION: INTERNAL BLEEDING - Small intestine.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): HIGHWAY
21C. WHERE DID INJURY OCCUR? (City or town) (County) Queen Anne's (State) Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 17 55 1 P.M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? Automobile Accident.

22. I hereby certify that I attended the deceased from 9-17, 19 55, to 9-17, 19 55; that I last saw the deceased alive on 9-17, 19 55, and that death occurred at 7 P M, from the causes and on the date stated above.
SIGNATURE Walter T. Kemp M.D. ADDRESS CHESTERTOWN, Md DATE SIGNED 9-17-55

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9-22-54
NAME OF CEMETERY OR CREMATORY: Blanco Cemetery
LOCATION (City, town, or county) (State): Blanco Dela.

DATE REC'D BY LOCAL REGISTRAR: Sept. 19-55
REGISTRAR'S SIGNATURE: Clara S. Barnes.
24. FUNERAL DIRECTOR: Edgar L. Lane
ADDRESS: Church Hill Md

08787

MARYLAND — **STATE DEPARTMETT OF HEALTH**

8732

CERTIFICATE OF DEATH

Reg. Dist. No.....

Item 11, FilmG189 11-21-55 et

1. PLACE OF DEATH
COUNTY: KENT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ROCK HALL
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: FERRY PARK

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: PENNSYLVANIA — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: READING
STREET ADDRESS (If rural, give location): 75X-3

3. NAME OF DECEASED (Type or Print): (First) PAUL (Middle) F. (Last) FISHER

4. DATE OF DEATH: (Month) SEPT (Day) 2 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday: 52 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Phila. Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Fisher

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Homer Lavagee Reading Hill Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a)..... CORONARY THROMBOSIS — Interval Between Onset and Death: Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... UNKNOWN

(c).....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the deceased from~~.....19....., to.....19....., that I last saw the deceased ~~alive on~~.....19....., and ~~that~~ death occurred at about 11.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard F. Smith MD — ADDRESS Rock Hall, Md. — DATE SIGNED 9/3/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 9-6-55 — NAME OF CEMETERY OR CREMATORY: Yocums — LOCATION (City, town, or county) (State): Reading Hill Pa.

DATE REC'D BY LOCAL REG. 9/5/55 — REGISTRAR'S SIGNATURE: Inglewood Burgess

24. FUNERAL DIRECTOR: Edgar R. Lane — ADDRESS: Church Hill

MARGIN RESERVED FOR BINDING

8783

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08788

Reg. Dist. No. 201

1. PLACE OF DEATH
COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X RURAL WORTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WORTON X
STREET ADDRESS (If rural, give location) BUTLERTOWN

3. NAME OF DECEASED (Type or Print) (First) CLEMENTS (Middle) (Last) HICKS

4. DATE OF DEATH (Month) SEPT. (Day) 4 (Year) 1955

5. SEX MALE

6. COLOR OR RACE COLORED

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) MARRIED

8. DATE OF BIRTH JUNE 15, 1889

9. AGE last birthday 66 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER

10b. KIND OF BUSINESS OR INDUSTRY FARM

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME FRANK HICKS

14. MOTHER'S MAIDEN NAME MYRA BERGEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 218-20-7082

17. INFORMANT AND ADDRESS LEWIN BLACKSTON WORTON R.F.D. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4448

Immediate cause (a) Pulmonary Edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension,

(c) Paralysis - Left side

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Sept. 4, 1955, that I last saw the deceased alive on Sept 3, 1955, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE D Kester (Degree or title) ADDRESS Rock Hall DATE SIGNED 9/6/55 Md

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) BURIAL

DATE THEREOF SEPT. 7, 1955.

NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY

LOCATION (City, town, or county) (State) WORTON, MD. R.F.D.

DATE REC'D BY LOCAL REG. 9/6/55

REGISTRAR'S SIGNATURE C. Kenneth Jones Reg

24. FUNERAL DIRECTOR B. R. FELLOWS ADDRESS STILL POND, MD.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8779

CERTIFICATE OF DEATH

08789

Reg. Dist. No. 2-82

1. PLACE OF DEATH: COUNTY Kent. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anns.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3 Vol 1-4
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Tormallen (Last)

4. DATE OF DEATH: (Month) Sept. (Day) 13. (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Oct 2. 1881. | 9. AGE last birthday 73. yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home work. | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Baltimore Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown.

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. No.

17. INFORMANT & ADDRESS: Augusta Jorner Daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 24 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis — 1 year

1260X (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes — Years

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 6, 1955 to Sept 13, 1955 that I last saw the deceased alive on Sept. 13, 1955, and that death occurred at 1:30 A M, from the causes and on the date stated above.

SIGNATURE Willard Smith M.D. ADDRESS Rock Hall, Md DATE SIGNED Sept 15, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug 16-1955 | NAME OF CEMETERY OR CREMATORY Parkwood Cemetery | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 15-1955 | REGISTRAR'S SIGNATURE Clara L. Barnes. | 24. FUNERAL DIRECTOR Edgar L. Lane | ADDRESS Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53